

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023880

FILED JUN 23 1959

Registration District No. 354 Primary Registration District No. 6200 STATE FILE NUMBER 19
Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morris Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Morris twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. N Cabool		Length of stay in lb 55 yrs.	d. STREET ADDRESS (If outside, give location) 1070 Rt. 2, Cabool Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUTH Middle ELIZABETH Last JARRETT			4. DATE OF DEATH Month 6- Day 14- Year 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-15-1889
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Texas County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Shaw	
13b. MOTHER'S MAIDEN NAME Annie Carman		14. NAME OF HUSBAND OR WIFE Tom Jarrett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Tom Jarrett, Cabool, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH 19 56
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, Arteriosclerosis, not known			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1954 SW	20f. CITY, TOWN, OR LOCATION June 14 1959	COUNTY STATE
21. I attended the deceased from Death occurred at June 9:40 1959		and last saw her/him alive on June 8 1959 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Manhattan, Mo	22c. DATE SIGNED 6-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-16-59	23c. NAME OF CEMETERY OR CREMATORY Jarrett Cemetery	23d. LOCATION (City, town, or county) (State) Texas County, Missouri
24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry, Cabool, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-59	26. REGISTRAR'S SIGNATURE Gaynell Cunningham

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James L. Kentry*
Licensed Embalmer No. *4716*
P. O. Address *Calool, W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.